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CONFIRMATION NO. 3686

<b>SERIAL NUMBER</b> 10/627,014	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 102392-200
<b>APPLICANTS</b> Anthony H. Cincotta, Tiverton, RI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/399,180 07/29/2002 <b>** FOREIGN APPLICATIONS *****</b> <i>nm</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>2</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 27267				
<b>TITLE</b> Therapeutic treatment for the metabolic syndrome and type 2 diabetes				
<b>FILING FEE RECEIVED</b> 524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	